

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P97000015568**

1. Entity Name

ADVANCED COMMUNICATIONS TECHNOLOGY, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 APR 17 PM 1:46

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

932 LARSON

3. Mailing Address

4044 W. LAKE MARY BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#344

City & State

ALTAMONTE SPRINGS, FL

City & State

LAKE MARY, FL

Zip

32714

Country

U.S.

Zip

32746

Country

U.S.

4. FEI Number

59-3466341

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

DAVID L. PENTECOST

Street Address (P.O. Box Number is Not Acceptable)

932 LARSON

City

ALTAMONTE SPRINGS FL

Zip Code

32714

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

David L. Pentecost

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-14-03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
DAVID PENTECOST
SEE #7 ABOVE 932 LARSON
ALTAMONTE SPRINGS, FL 32714**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

David L. Pentecost

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-03

Date

407-210-6000

Daytime Phone #

CR2E034B (12/02)